

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-11-2003 90021 028 ****55.00

DOCUMENT # L02000018865

1. Entity Name

TROPICAL HOLDINGS, LLC



Principal Place of Business

Mailing Address

304 S. HARBOR CITY BOULEVARD, SUITE 201
MELBOURNE FL 32901

304 S. HARBOR CITY BOULEVARD, SUITE 201
MELBOURNE FL 32901

2. Principal Place of Business

1111 Kennedy Court

3. Mailing Address

1111 Kennedy Court

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Titusville, FL

City & State

Titusville, FL

Zip
32780

Country
USA

Zip
32780

Country
USA

4. FEI Number

47-0880134

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DETTMER, DALE A ESQ
304 S. HARBOR CITY BOULEVARD, SUITE 201
MELBOURNE FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Walter O. Ferrero *MANAGING PARTNER* ☐ Delete
1111 Kennedy Court, Suite 1
Titusville, FL 32780

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Oscar M. Ferrero *PARTNER* ☐ Delete
1111 Kennedy Court, Suite 1
Titusville, FL 32780

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Walter Ferrero **Walter Ferrero** 2-1-03 (321) 385-1465

CR2083 (10/02)